

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000006354

1. Entity Name
TAMPA BAY MALL GENERAL PARTNER CORPORATION



Principal Place of Business
270 COMMERCE DRIVE
ROCHESTER, NY 14623

Mailing Address
270 COMMERCE DRIVE
ROCHESTER, NY 14623



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3073505

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GLAZER, MALCOLM I
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER, NY 14623

TITLE V
NAME GLAZER, EDWARD
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER, NY 14623

TITLE VS
NAME SONDERICKER, WILLIAM C
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER, NY 14623

TITLE VST
NAME GLAZER, KEVIN
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER, NY 14623

TITLE V
NAME GLAZER, AVRAM
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER, NY 14623

TITLE V
NAME GLAZER, JOEL
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER, NY 14623

**DO NOT WRITE
IN THIS SPACE**

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03/07/05-80074-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

William Sondericker, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05
Date

585-3593000
Daytime Phone #